

Step 1: Universal Data Collection

Please complete the following basic client information and note that all fields with an * are required fields. Universal Data Elements are required for all project participants. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name: * _____ Last Name: * _____

Middle Name: _____ Suffix: _____

Name Data Quality:*

- ☐ Full Name Reported
- ☐ Partial, Street Name or Code Name Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Social Security Number: * "Enter a full or partial SSN, If no SSN, select an answer for SSN Data Quality

- ☐ Approximate or Partial SSN Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Birthdate: * _____

- ☐ Full DOB Reported
- ☐ Approximate or Partial DOB Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Ethnicity:*

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Race: * (Select All That Apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Gender:*

- ☐ Male
- ☐ Female
- ☐ Trans Male (FTM or Female to Male)
- ☐ Trans Female (MTF or Male to Female)
- ☐ Gender Non-Conforming (not exclusively male or female)
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If Female, Pregnancy Status:*

- ☐ Yes
 - ☐ Due Date: _____
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Veteran Status:*

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Relationship to Head of Household:*

- ☐ Self
- ☐ Head of household's child
- ☐ Head of household's spouse or partner
- ☐ Head of household's other relation member
- ☐ Other: non-relation member

Contact Information:

Address: _____ City/State/Zip: _____

Email: _____ Home Phone: _____

Work Phone: _____ Message Phone: _____

Step 2: Project Enrollment

Complete the project enrollment information and please note all fields with an * are required fields. Complete additional forms for each household member enrolled.

Project Start Date:* _____

Case Manager:* _____

Housing Move-In Date:* _____ (enter date client took occupancy of unit – only for RRH project)

Note: Use the Update/Annual Assessment to update a client's "Housing Move-In Date" when date is known.

Step 3: Entry Assessments

Complete the following entry assessments and please note all fields with an * are required fields.

Disabling Condition:*

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Household Income as Percentage of AMI:*

- ☐ Less than 30%
- ☐ 30% to 50%
- ☐ Greater than 50%

VAMC Station Number:* _____

Prior Living Situation:*

HOMELESS SITUATIONS

- ☐ Place not meant for habitation (a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter
- ☐ Safe Haven

Prior Living Situation:* (Living situation just prior to project entry)

INSTITUTIONAL SITUATIONS

- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, prison or juvenile detention center
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric Hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center

If the client's prior living situation is a HOMELESS SITUATION, answer the following questions:

Length of stay in the prior living situation:*

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than 90 days
- ☐ 90 days or more, but less than one year
- ☐ One year or longer
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Approximate date homelessness started:* _____

If the client's prior living situation is an INSTITUTIONAL SITUATION, answer the following questions:

Did you stay less than 90 days:*

☐ Yes

☐ No

If Yes, then length of stay in the prior living situation:*

If No, then length of stay in the prior living situation:*

☐ One night or less

☐ 90 days or more, but less than one year

☐ Two to six nights

☐ One year or longer

☐ One week or more, but less than one month

☐ Client Doesn't Know

☐ One month or more, but less than 90 days

☐ Client Refused

☐ Data Not Collected

On the night before did you stay on the streets, ES or SH:*

☐ Yes, approximate date homelessness started: _____

☐ No

☐ Client Doesn't Know (Missing in HMIS)

☐ Client Refused

☐ Data Not Collected

Prior Living Situation: * *(Living situation just prior to project entry)*

TRANSITIONAL AND PERMANENT HOUSING SITUATIONS

- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Transitional housing for homeless persons (Including homeless youth)
- ☐ Host Home (non-crisis)
- ☐ Staying or living in a friend's room, apartment or house
- ☐ Staying or living in a family member's room, apartment or house
- ☐ Rental by client, with GPD TIP housing subsidy
- ☐ Rental by client, with VASH housing subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client, with RRH or equivalent subsidy
- ☐ Rental by client, with HCV voucher (tenant or project based)
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, with no ongoing housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

OTHER

- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If the client's prior living situation is a TEMPORARY OR PERMANENT HOUSING SITUATION, answer the following questions:

Did you stay less than 7 nights?:*

☐ Yes

☐ No

If Yes, then length of stay in the prior living situation:*

☐ One night or less

☐ Two to six nights

☐ One week or more, but less than one month

☐ One month or more, but less than 90 days

☐ Client Doesn't Know

☐ Client Refused (Missing in HMIS)

☐ Data Not Collected

If No, then length of stay in the prior living situation:*

☐ One week or more, but less than one month

☐ One month or longer, but less than 90 days

☐ 90 days or more, but less than one year

☐ One year or longer

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

On the night before did you stay on the streets, ES or SH:*

☐ Yes, approximate date homelessness started: _____

☐ No

☐ Client Doesn't Know

☐ Client Refused (Missing in HMIS)

☐ Data Not Collected

Address prior to entry quality*

☐ Full address reported Address: _____ City, State, Zip Code: _____

☐ Incomplete or estimated address reported

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Only answer the next two questions if client's prior living situation was a HOMELESS SITUATION or if client stayed on the streets, in an ES or SH on the night before.

Regardless of where they stayed last night – number of times the client has been on the streets, in ES, or SH in the past three years including today:*

☐ One Time ☐ Client Doesn't Know

☐ Two Times ☐ Client Refused

☐ Three Times ☐ Data Not Collected

☐ Four or more Times

Total number of months homeless on the street, in ES, or SH in the past three years:*

☐ One month (this time is the first month) ☐ Client Doesn't Know

☐ 2-12 months ☐ Client Refused

☐ Number of months (2-12):* _____ ☐ Data Not Collected

☐ More than 12 months

Covered by Health Insurance:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused
☐ Data Not Collected

Type of Insurance:*

- ☐ Private ☐ State Funded
☐ Private-Employer ☐ Combined Children's Health Insurance/Medicaid Program
☐ Private-Individual ☐ Indian Health Service (Native American)
☐ Medicaid ☐ Other _____
☐ Medicare ☐ Health Insurance obtained through COBRA
☐ State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP)
☐ Military Insurance
☐ Other Public

Insurance Status:*

- ☐ Active ☐ No
☐ Start Date: _____ ☐ Applied; decision pending ☐ Client Doesn't Know
☐ End Date: _____ ☐ Applied; client not eligible ☐ Client Refused
☐ Client did not apply ☐ Data Not Collected
☐ Insurance type N/A for this client

Veterans Assessment:*

Branch of the Military:*

- ☐ Army ☐ Client Doesn't Know
☐ Air Force ☐ Client Refused
☐ Navy ☐ Data Not Collected
☐ Marines
☐ Coast Guard

Discharge Status:*

- ☐ Honorable ☐ Uncharacterized
☐ General under honorable conditions ☐ Client Doesn't Know
☐ Bad Conduct ☐ Client Refused
☐ Dishonorable ☐ Data Not Collected
☐ Under Other Than Honorable Conditions (OTH)

Service Entry Date: * _____ Service Exit Date: _____

Select Theatre(s) of Operation(s):* (May not apply to client)

- ☐ World War II (September 1940-July 1947)
☐ Vietnam War (August 1964-April 1975)
☐ Persian Gulf War (Operation Desert Storm)
(August 1991-September 10, 2001)
☐ Afghanistan (Operation Enduring Freedom)
☐ Iraq (Operation Iraqi Freedom)
☐ Iraq (Operation New Dawn)
☐ Other Peace-keeping operations or military interventions
(such as Lebanon, Panama, Somalia, Bosnia, Kosovo)

Status:*

- ☐ Yes
☐ No
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Connection with SOAR Assessment:*

Assessment Date: * _____

Connection with SOAR:*

- ☐ Yes ☐ Client Refused
- ☐ No ☐ Data Not Collected
- ☐ Client Doesn't Know

Domestic Violence Assessment:*

Assessment Date: * _____

Domestic Violence Experience:

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If yes, then "When Experience Occurred": *

- ☐ Within the past three months
- ☐ Three to six months ago (excluding six months exactly)
- ☐ Six months to one year ago (excluding one year exactly)
- ☐ One year ago or more
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Currently Fleeing:*

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Income and Sources, Non-Cash Benefits*

Income from any source:*

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Non-Cash Benefits from Any Source:

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Income

- ☐ Earned Income \$ _____
- ☐ Self Employment \$ _____
- ☐ Worker's Compensation \$ _____
- ☐ Unemployment Insurance \$ _____
- ☐ Other Pension \$ _____
- ☐ Supplemental Security Income \$ _____
- ☐ Social Security Disability Income \$ _____
- ☐ Retirement (Social Security) \$ _____
- ☐ Veteran's Pension \$ _____
- ☐ Veteran's Disability Payment \$ _____
- ☐ TANF \$ _____
- ☐ Child Support \$ _____
- ☐ Other Income \$ _____

Non Cash Benefits:*

- ☐ Food Stamps/Money for food on benefits card
\$ _____
- ☐ Special Supplemental Nutrition Program for
Women, Infants, and Children (WIC)
- ☐ TANF Child Care Services
- ☐ TANF Transportation Services
- ☐ Other TANF-Funded Services
- ☐ Other Source

Employment Assessment:*

Employed:

- ☐ Yes (**If Yes, complete "Type of Employment"**)
- ☐ Full Time
- ☐ Part Time
- ☐ Seasonal/sporadic (including day labor)

No (**If No, complete "Why Not Employed"**)

- ☐ Looking for work
- ☐ Unable to work
- ☐ Not looking for work

SSVF Homeless Prevention Assessment:* *(Only required for SSVF Prevention project participants)*

Referred by Coordinated Entry or a homeless assistance provider to prevent the household from entering an emergency shelter or transitional housing or from staying in a place not meant for human habitation:*

- ☐ Yes ☐ No

Current housing loss expected within:*

- ☐ 0-6 days ☐ 14-21 days
☐ 7-13 days ☐ More than 21 days

Current household income is \$0:*

- ☐ Yes ☐ No

Annual household gross income amount:*

- ☐ 0-14% of AMI for household size ☐ More than 30% of AMI for household size
☐ 15-30% of AMI for household size

Sudden and significant decrease in cash income (employment and/or cash benefits) AND/OR unavoidable increase in non-discretionary expenses (e.g., rent or medical expenses) in the past 6 months:*

- ☐ Yes ☐ No

Major change in household composition (e.g., death of family member, separation/divorce from adult partner, birth of new child) in the past 12 months:*

- ☐ Yes ☐ No

Rental evictions within the past 7 years:*

- ☐ 4 or more prior rental evictions ☐ 1 prior rental eviction
☐ 2-3 prior rental evictions ☐ No prior rental evictions

Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit:*

- ☐ Yes ☐ No

History of literal homelessness (street/shelter/transitional housing):*

- ☐ 4 or more times or total of at least 12 months in the past 3 years ☐ 1 time in the past 3 years
☐ 2-3 times in the past 3 years ☐ None

Head of household with disabling condition (physical, health, mental health, substance use) that directly affects ability to secure/maintain housing:*

- ☐ Yes ☐ No

Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property:*

- ☐ Yes ☐ No

Registered sex offender:*

- ☐ Yes ☐ No

At least one dependent child under age 6:*

- ☐ Yes ☐ No

Single parent with minor child(ren):*

- ☐ Yes ☐ No

Household size of 5 more requiring at least 3 bedrooms (due to age/gender mix):*

- ☐ Yes ☐ No

Any Veteran in household served in Iraq or Afghanistan:*

- ☐ Yes ☐ No

Female Veteran:*

- ☐ Yes ☐ No

Adult Education Assessment:*

Highest Grade Completed:*

- | | |
|--|--|
| <input type="checkbox"/> School program does not have grade levels | |
| <input type="checkbox"/> Less than grade 5 | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Grades 5-6 | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Grades 7-8 | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Grades 9-11 | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> 12 th Grade, No Diploma | |
| <input type="checkbox"/> High School Diploma | |
| <input type="checkbox"/> GED | |

Secondary Education:

- | |
|--|
| <input type="checkbox"/> Associates Degree |
| <input type="checkbox"/> Bachelors |
| <input type="checkbox"/> Masters |
| <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Other graduate/professional degree |
| <input type="checkbox"/> Certificate of advanced training or skilled artisan |

School Status:

- | | |
|---|--|
| <input type="checkbox"/> Attending school regularly | <input type="checkbox"/> Suspended |
| <input type="checkbox"/> Attending school irregularly | <input type="checkbox"/> Expelled |
| <input type="checkbox"/> Graduated from high school | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Obtained GED | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Dropped out | <input type="checkbox"/> Data Not Collected |

Child Education Assessment:*

Last Grade Completed:*

- | |
|--|
| <input type="checkbox"/> School program does not have grade levels |
| <input type="checkbox"/> Less than grade 5 |
| <input type="checkbox"/> Grades 5-6 |
| <input type="checkbox"/> Grades 7-8 |
| <input type="checkbox"/> Grades 9-11 |
| <input type="checkbox"/> 12 th Grade, No Diploma |
| <input type="checkbox"/> High School Diploma |
| <input type="checkbox"/> GED |

Some College

- | |
|--|
| <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected |

School Status:

- | |
|---|
| <input type="checkbox"/> Attending school regularly |
| <input type="checkbox"/> Attending school irregularly |
| <input type="checkbox"/> Graduated from high school |
| <input type="checkbox"/> Obtained GED |
| <input type="checkbox"/> Dropped out |
| <input type="checkbox"/> Suspended |
| <input type="checkbox"/> Expelled |
| <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected |

Self-Sufficiency Matrix and AMI Assessments are also available along with other helpful resources at

<https://www.in.gov/ihcda/indianabos/2436.htm>